

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in
order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

150a
227

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

Miami

or Village

No. 1014

Live Oak St

St.

Ward

City

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child

Adolfo Renteria

3. Sex of Child

To be answered ONLY
in event of plural
births.

male

4. Twin, triplet or other

5. No. in order of birth

6. Legitimate?

yes

7. Date of birth

May 7 - 1929

8. FATHER

FATHER

Full name

Adolfo Renteria

9. Residence

(Usual place of abode)

miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country)

Central,
New Mex.

13. Occupation

Nature of Industry

miner

14. MOTHER

MOTHER

Full maiden name

Margaret Fletcher

15. Residence

(Usual place of abode)

miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday 20 (Years)

18. Birthplace (city or place)

(State or country)

Hanover,
New Mexico

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive

at 8:15 a.m. on the date above stated.

* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature

Eugene M. Brown, M.D.
Physician

(Physician or midwife):

Given name added from
a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

May 15, 1929

Registrar

Registrar

191-507-469